

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000113909

**FILED**  
**Oct 06, 2012**  
**Secretary of State**

**Entity Name:** EASTWOOD MEDICAL NUTRITION CENTER, LLC

**Current Principal Place of Business:**

1626 NORTH PLAZA DRIVE  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

1626 EAST PLAZA DRIVE  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**FEI Number:** 26-1394725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NORDBY, DOUG E  
1713 MAHAN  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

WILLIAMS, BRENDA J  
1626 N. PLAZA DR.  
TALLAHASSEE, FL 32308 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRENDA J. WILLIAMS

10/06/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GIBSON, JANET M.D.  
Address: 1626 NORTH PLAZA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JANET M. GIBSON

MGRM

10/06/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date